

FILED FEB 24 1942
Registration District No. 791

Primary Registration District No. 1003

Registrar's No.

214

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
(Specify whether
In this community 53 years
years, months or days)

3. (a) PRINT FULL NAME Joseph Jones

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Mary Ella 6. (c) Age of husband or wife if alive 84 years
7. Birth date of deceased August 31, 1861
(Month) (Day) (Year)

8. AGE: Years 80 Months 4 Days 6 If less than one day br. min.

9. Birthplace Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Merchant

11. Industry or business retired

12. Name William Jones

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Helton
(City, town, or county) (State or foreign country)

15. Birthplace unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Jones

(b) Address 4330 No. Natural Bridge Av.

17. (a) Burial (b) Date thereof 1-9-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director A. W. McLaughlin

(b) Address 8301 Lafayette Avenue

19. (a) JAN 8 1942 (b) J. F. Brundage
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 22
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1117 Paul Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 6
year 1942 hour 1:45 minute P. M.

21. I hereby certify that I attended the deceased from December 29, 1941 to January 6, 1942
that I last saw him alive on January 6, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic Heart Disease

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) While at work? (e) Means of injury

23. Signature S. O. Nach Address 1515 Lafayette Avenue Date signed 1/6/42

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

L. R. Cooper

Licensed Embalmer No.

3633

P. O. Address

2317 Lafayette

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.